	Place	Taluk
21.	Pillahalli	Nelamangala Taluk.
22.	Dhanjipalya	Do
23.	Gundondahalli	Do
24.	Hullegowdanahalli	Do
25.	Tyamagondlu	Do
26.	Jakksandra	Do
27.	Heggunda	Do
28.	Honnasandra	Do
29.	Hosapalya	Magadi Taluk.
30.	Tavarekere	Do
31.	Motaganhalli	Do
32.	Kudluru	Channapatna Taluk.
33.	Dod Maluru	Do
34.	Mainaikanhalli	Do
35.	Belikere	Do
36.	Pujarammanahalli	Hoskote Taluk.
37.	Hedakanahalli	Do
38.	Mugabal	Do
39.	Kadagodi	Do
40.	Kittaganuru	Do
41.	Nidaghatta	Do
42.	Jodi Margondahalli	Do
43.	Bile Sivale	Do
44.	Sompura	Do
45.	Tavarekere	Do
46.	Kannuru	Do
47.	Hoskote	Do
48.	Kannamgola	Do
49.	Hindiganal	Do
50.	Aralalmallige	Dodballapur Taluk.
51.	Kudanuru Matra Hosahalli	Do
52.	Ranganahalli	Do
53.	Dodbelamangala	Do
54.	Ekasipura	Do
55.	Jodi Medhalli	Do
56.	Dombarahalli	Do
57.	Timmanahalli	Devanhalli Taluk.
58.	Narayanapura	Do
59.	Kannamangala	Do

No. 8809—*San. F.* 33 *of* 1905, *Sl.* 10, *dated* 26*th February* 1906.

Whereas the Government of His Highness the Maharaja of Mysore are satisfied that there is danger of an outbreak of plague in Naikanhatti in the Challakere Taluk, Chitaldrug District, if persons from plague-infected areas are permitted to assemble at that place on the occasion of Tippe Rudradevara jatre.

The Government of His Highness the Maharaja of Mysore, in exercise of the powers vested in them by the Epidemic Diseases Regulation, II of 1897, prohibit the attendance of persons thereat from plague-infected areas from the 13th to the 22nd March 1906, inclusive.

All persons proceeding to the said jatra in contravention of this notification will be turned back.

No. 9044—*San.* (189-05)-2, *dated* 3*rd*—5*th March* 1906.

The following copy of the Government of India Resolution No. 79—95, dated the 17th January 1906, received with letter No. 221, dated the 22nd February 1906, from the 1st Assistant to the Hon'ble the Resident in Mysore, is republished for general information :—

GOVERNMENT OF INDIA.
HOME DEPARTMENT.
SANITARY.
Plague.
No. 79—95. *Calcutta, the* 17*th January* 1906
RESOLUTION.

Read—

Home Department letter No. 1121—1135, dated the 6th July 1905, and the replies of local Governments thereto.

Review of present situation.

More than five years have now passed since the Governor General in Council, when reviewing the report of the Indian Plague Commission, examined in the light of the knowledge then available the various measures which had been proposed or adopted with the object of checking the diffusion of the disease and indicated the considerations of policy which must govern their introduction in India. During this period, while the efforts of Government officers have in no way relaxed, and the people themselves have in many places shown a disposition to acquiesce and even to co-operate

in preventive measures which do not conflict with their social and religious usages, plague has gradually spread to almost every part of India and, subject to certain seasonal fluctuations, tends to recur year after year with undiminished virulence. About a year ago the Government of India, acting in concert with the Royal Society and the Lister Institute, made arrangements for the appointment of a scientific commission which is now investigating the causation of plague in Bombay and the Punjab. Pending the completion of these researches which may extend over a long time and will in any case be directed mainly to the scientific aspects of the problem, the Governor General in Council considered it desirable to place on record in a concise form the results of the practical experience which has been acquired in the last five years of actual plague administration. Local Governments were accordingly asked for reports, based as far as possible on the personal experience of their officers, on the conditions affecting the origin and spread of plague, the character of the measures to be adopted aginst it, the degree of success attained and the causes upon which success or failure depend. The ample materials thus collected place the Governor General in Council in a position to indicate those preventive measures which appear under present conditions most likely to be successful in the future.

Destruction of rats.

2. The most conspicuous change in the opinion of experts in India regarding plague since the issue of the Resolution of 16th July 1900 is the greatly increased importance now ascribed to the part played by rats in spreading and keeping alive the disease. Rats are exceedingly susceptible to plague, and when once they are infected they usually communicate the infection not only to man, but also to houses which have undergone thorough disinfection. It is therefore as essential to the safety of the community to destroy infected rats as to segregate plague-stricken people. In fact almost all the evidence regarding the causation of plague may be regarded as pointing to the rat as the chief agent in its diffusion. For this reason the importance of destroying rats has been insisted on by the framers of the Paris Convention of 1903, and although European opinion is not unanimous on the point, the Governor General in Council considers that the experience recently acquired in India warrants the belief that the systematic destruction of these animals promises to be one of the most effective measures that can be adopted for preventing the spread of plague.

Street improvements; especially paving and draining.

3. Observation has also shown that plague is most severe where the houses of the people are crowded together, ill built and imperfectly ventilated, while it usually spares those areas in towns where the streets are wide, the houses well built, the alleys and side-walks paved, and the drains properly constructed. It follows that municipalities and local bodies should be encouraged and assisted to demolish insanitary quarters, to improve the paving of alleys and side-walks, to neglect no opportunities of widening narrow streets, to enforce simple building rules and to perfect their systems of drainage and conservancy. All godowns where grain is stored should be rendered rat-proof and should be liable to periodical inspection.

Disinfection.

4. In theory the disinfection of both houses and clothing takes a high place among preventive measures and in cases of pneumonic plague it must be regarded as imperative. But the great difficulty of carrying out the process thoroughly in a house casts some doubt upon its practical utility, and the Government of India leave it to the local authorities to determine the extent to which it should be enforced with reference to the prevalent structural conditions. In any case the efficacy of house disinfection depends entirely upon the methods employed. The fluids used must be really germicidal, such as solutions of corrosive sublimate, cyllin, or izal; they must be intelligently applied under proper supervision, and care must be taken to prevent the re-infection of the building by rats. These observations apply in their full force only to towns where the disease has not fully established itself. In villages the disinfection of houses is seldom of much use, while in towns where plague has become indigenous the difficulty of completely excluding the rats leads to constant re-infection.

Evacuation of locality.

5. Of the various measures hitherto adopted with the object of arresting an outbreak of plague none has proved so efficacious as the prompt abandonment of the infected locality for a period that varies with local conditions. In the case of villages, indeed, the evacuation of all the houses, accompanied by systematic destruction of rats, is probably the only means of effectually combating the disease. It is, however, essential that evacuation should be carried out thoroughly: if a portion of the inhabitants remain behind, the disease will continue to spread. In all cases where evacuation is feasible, the people should be encouraged to resort to it and assisted by the grant of blankets and warm clothing, where necessary, and by the provision of huts or the materials for building them.

Inspection of travellers.

6. The evidence which has been collected shows that the inspection of travellers by railway, road, and steamship is often successful in averting or delaying the spread of plague, but that the efficacy of this measure depends on the circumstances in which it is applied. It is of most value in protecting

limited areas, such as hill stations, and places so situated that the inspection posts command all routes of access. The mere inspection of persons arriving by steamer is, however, of little use, unless the rats on board the vessel are destroyed or are prevented from reaching the shore. A segregation camp for the detention of the sick is a necessary adjunct to every inspection station, but no one need be detained who is not actually suffering from plague. In all other cases it is sufficient to record the travellers' names and addresses and to arrange for their being under surveillance for five days. Experience has shown that mere contact with a case of bubonic plague in a railway carriage involves little danger of infection.

Quarantine

7. The example of prisons proves that quarantine may be relied upon to prevent the spread of plague by human beings, but it can seldom be applied effectually except by the people themselves, who have sometimes combined to prevent persons from infected places from entering their villages and have provided accommodation for them outside the inhabited site. In rural areas the adoption of these measures may properly be encouraged: but they do not admit of application to towns.

Segregation of the sick.

8. The removal of the sick to hospital, while it is eminently desirable in their own interests, has always been unpopular, and in cases of bubonic plague the necessity for it may be avoided, provided that the surroundings of the patient can be kept clean and free from rats. That the measure is instrumental, however, in delaying the spread of the disease is undeniable and even though segregation may be relaxed when indigenous cases become widespread, the first few cases imported into a plague-free town should, whenever possible, be segregated without delay. Cases of pneumonic plague, which is directly infectious from man to man, ought always to be segregated.

Segregation of contacts.

9. The segregation of persons who have been in contact with a patient suffering from bubonic plague is often impossible in practice. When it can be carried out with the good-will of the people, the measure is no doubt useful, but where coercion has to be employed more harm than good is likely to result. In cases of pneumonic plague, however, the segregation of contacts is necessary as the risk of infection is extreme.

Inoculation.

10. Inoculation with the prophylactic fluid now manufactured at the Parel Laboratory is of value not merely for the protection which it affords against plague but also by reason of its effect in mitigating the violence of an attack. The extent to which it may be adopted depends upon the strength of the popular sentiment in its favour or against it and the Government of India hope that the people may be encouraged to have recourse to it.

General considerations.

11. While the experience of the last five years establishes the utility of the measures enumerated above, it equally teaches that their application must depend upon the circumstances of the locality, the character of the people, the stage which the disease has reached, and the agency available for dealing with it. What is necessary in a district free from plague may be useless or vexatious where plague has become indigenous; what is effectual in one part of the country may be inoperative in another; a degree of control which is acceptable to a particular community may be strongly resented by people who observe a different code of social usage; and in a province with a well developed system of village officials more can be attempted than in a province where no such organization exists. Where the conditions vary so widely from province to province, as is the case in India, it is manifestly impossible for the Governor General in Council to lay down a uniform scheme of plague administration. The local Governments alone are competent to determine what measures are practicable or expedient at particular times and places and it is upon them that the Government of India rely to make the best use of the opportunities which present themselves for checking the spread of the disease. Finally the Governor General in Council would observe that in the last resort all preventive measures depend for their success upon the hearty co-operation of the people themselves and that every effort should be made to enlist their sympathies and to bring home to them through their natural leaders and in any other way that may be practicable that it rests mainly with them to bring about by their own action the cessation of plague in India, as it has long ago disappeared from Europe. When this conviction has been firmly established in the minds of the people, the task of the district officers throughout India will be materially lightened. But that end can only be attained by carrying out thoroughly whatever measures it may be decided to introduce and by impressing upon all officers concerned in plague administration that when a decision has been arrived at there must be no hesitation in giving effect to the policy approved by the local Government.

ORDER.—Ordered that a copy of this resolution be communicated to all local Governments and Administrations, to the Departments of the Government of India noted on the margin and to the Sanitary Commissioner with the Government of India, for information.

Military. | Finance.
Public Works | Foreign.
Commerce and Industry.

Ordered also that the resolution be published in the *Supplement to the Gazette of India*.

H. H. RISLEY,
Secretary to the Government of India.